



Personal Accident Insurance Application Form

Intermediary Name:

Code:

Statement pursuant to Section 25(5) of the Insurance Act, Cap 142. You must disclose in this application form, fully and faithfully, all the facts which you know or ought to know. Otherwise, the Policy issued may be void.

DETAILS OF APPLICANTName *Mr / Mrs / Ms / Mdm / Dr ** _____ (* delete if not applicable)
(please underline surname)NRIC / Passport No. _____ Marital Status ☐ Single ☐ Married ☐ OthersNationality _____ Date of Birth (DD/MM/YYYY) _____ Gender ☐ Male ☐ Female

Residential Address _____ Postal Code _____

Occupation _____ Contact (Email) _____ (Mobile Phone) _____

COVER REQUIRED

1 year- Period of Insurance From _____ to _____

S/N	Benefits	Sum Insured for each amount of	Classification of Occupations		
			Class 1	Class 2	Class 3
1	Death	S\$10,000	S\$3.50	S\$5.50	S\$7.50
2	Permanent Disablement	S\$10,000	S\$3.50	S\$5.50	S\$7.50
3	Temporary Total Disablement Temporary Partial Disablement	S\$100.00 per week S\$50.00 per week	S\$15.00	S\$18.75	S\$24.00
4	Medical Expenses <i>(Limit to Any One Accident)</i>	S\$1,000.00	S\$11.00	S\$14.00	S\$17.00
		S\$2,000.00	S\$17.00	S\$21.00	S\$25.00
		S\$3,000.00	S\$21.00	S\$26.00	S\$31.00
		S\$4,000.00	S\$24.00	S\$30.00	S\$36.00
		S\$5,000.00	S\$27.00	S\$34.00	S\$41.00
Minimum Premium S\$50+GST per policy		Above S\$250,000 please refer to Underwriters			

Notes :

- The Sum Insured for Temporary Total Disablement is limited to 0.50% of Sum Insured for Death subject to a maximum of S\$1,000 or 75% of the insured's weekly earnings whichever is the lower
- The Sum Insured for Medical Expenses is limited to 5% of Sum Insured for Death up to a maximum of S\$5,000

Benefits Selection

S/N	Benefits	Sum Insured required (please specify SI)	Rates	Premium
1	Death			
2	Permanent Disablement			
3	Temporary Total Disablement Temporary Partial Disablement			
4	Medical Expenses (Limit to Any One Accident)			
			Premium S\$	
			GST (9%)	
			Total Premium S\$	

Classification of Occupations

Class 1	Professionals, Administrative, Managerial, Clerical, Non-manual occupations / Indoor work- sedentary nature
Class 2	Occupations involving supervisory and outdoor work but not engaging in manual labour requiring the use of tools and machinery
Class 3	Occupations involving manual labour requiring the use of tools and machinery and non-hazardous work but excluding woodworking and other heavy machinery
Excluded Occupation	Law enforcement and civil defence personnel, fulltime military personnel, firemen, professional divers, persons engaging offshore activities, oilrig workers engaged in mining activities, aerial photography handling explosives or working at docks air/sea cabin crew, professional sports personnel and persons engaged in hazardous sports.

PAYMENT MODE**PayNow**

Please scan QR code with your mobile Banking App.
Please indicate your policy number(s) in Reference/Bill field.

Bank Transfer

Beneficiary Name/Bank: Lompac Insurance Singapore Pte. Ltd. / UOB Ltd Bank/Branch code: 7375 / 016
Swift code: UOVBSGSG Account No: SGD 116-305-693-9
Please indicate your policy number(s) in the bank payment field.

Cheque

Issue cheque to Lompac Insurance Singapore Pte. Ltd.
Please indicate your policy number(s), name and contact number behind the cheque.

Credit Card

To complete credit card deduction form.

**HEALTH DECLARATION**

- 1) Have you ever had or been told to have or been treated for any:-
(a) cancer, growth or tumour,
(b) diabetes, thyroid or endocrine disease,
(c) blood, lupus or other immune disease,
(d) high blood pressure, heart disease or chest pain,
(e) stroke, epilepsy or mental conditions,
(f) kidney disease or blood or protein in urine,
(g) hepatitis or liver disease,
(h) lung disease or persistent cough,
(i) AIDS or HIV infection or test,
(j) hereditary disease or congenital abnormalities,
(k) other illness, disorder, injury, physical disability or abnormality, or
(l) been hospitalised or undergone surgery in the last 5 years?

If YES, please specify : _____

☐ Yes ☐ No

- 2) Are you considering, for any reason, to seek consultation, investigation or treatment of any kind by any medical or healthcare professional or institution?

If YES, please specify : _____

☐ Yes ☐ No

- 3) Have you sustained any accidental injuries?

If YES, please specify : _____

☐ Yes ☐ No

- 4) Do you have any other Personal Accident and Medical insurance with other insurer?

If YES, please specify : _____

☐ Yes ☐ No

- 5) Have any of your proposals for Life, Critical Illness or Medical insurance on your life to any insurer ever been declined, postponed or accepted at other than normal terms?

If YES, please specify: _____

☐ Yes ☐ No

- 6) Have you made any claim against any insurer in respect of bodily injuries?

If YES, please specify: _____

☐ Yes ☐ No

- 7) Do you engage in any hazardous sport or activity that is likely to cause bodily injuries?

If YES, please specify: _____

☐ Yes ☐ No

DECLARATION

I want to effect the insurance specified here and declare that I:-

- i. warrant that the information given and answers to questions in this form are true and correct to the best of my knowledge and have not withheld any facts likely to influence Lonpac Insurance Singapore Pte. Ltd. assessment of this Application.
- ii. warrant that I am currently in good health and free from physical defects, infirmity or illness or recurring illness.
- iii. understand that all pre-existing conditions before the effective date of this policy are not covered.
- iv. understand that the personal accident benefits of this insurance will only be payable upon an accident occurring.
- v. agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this Application, Declaration and any other information provided shall form the basis of the contract.
- vi. understand this Application will be subject to the approval and acceptance by Lonpac Insurance Singapore Pte. Ltd. and the premium fully paid and received by Company before cover can be effected.

DATA PRIVACY STATEMENT

- i. In accordance with the Personal Data Protection Act 2012, I consent to the collection, use and disclosure of my personal data (whether contained in the Application or otherwise obtained) by Lonpac Insurance Singapore Pte. Ltd. ("Lonpac"), its affiliates and service providers (within or outside Singapore), for the purpose relating to this Application, any Policy issued and to provide advice and information for relating products and services to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone number(s) in the Singapore's Do Not Call Registry).
For more information on our privacy policy, please visit our website : https://www.lonpac.com.sg/web/sq/privacy_policy
- ii. I understand that under the Personal Data Protection Act 2012, I have the right to request access, update my personal data and withdrawal of consent in writing to Lonpac at the following address:

Attention: The Data Protection Officer
Office address: 300 Beach Road #17-04/06 The Concourse Singapore 199555

I have read and agreed to the above Declaration and Data Privacy Statement

Signature of Main Applicant

Name: _____

NRIC / Passport No: _____

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Lonpac Insurance Singapore Pte. Ltd. or visit the GIA/LIA or SDIC web-sites at www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg

This document is not a contract of insurance. Please refer to the policy which will be issued to you upon acceptance of your application for the applicable terms, conditions and exclusions.